



Application for DMV Select Contractual Agent

Purpose: The purpose of this application is to provide background information relating to knowledge, skills, and abilities for an individual, business, or locality applying to be a contractual agent to perform select DMV transactions.

Instructions: Complete the application in its entirety and submit with attachments to Department of Motor Vehicles, Post Office Box 27412, Richmond, VA 23269, Attn: Customer Service Management Administration, Assisted Service Department, Room 505.

Date	Applicant Name Last First Middle			Social Security/Federal Identification Number/Tax Identification Number								
Home Street Address		City	State	Zip Code	Home Telephone Number ()							
E-mail Address												
A	Current Employment Information											
Employer's Name		Employer's Address		City	State	Zip Code						
Business Name		Business Address		City	State	Zip Code						
Business Telephone Number ()		Business Email Address										
Type of Business		Current Position Title		Length of Time Employed	Number of Employees Supervised							
B	Employment Information											
Based on employment history, check the appropriate boxes that identify your knowledge, skills and your abilities. Describe your experience in these areas.												
Skills			Description									
<input type="checkbox"/> Accounting												
<input type="checkbox"/> Analytical Skills												
<input type="checkbox"/> Math Skills												
<input type="checkbox"/> Communication Skills												
<input type="checkbox"/> Computer Skills												
<input type="checkbox"/> Customer Service Skills												
<input type="checkbox"/> Interpret/Explain Policies and Procedures												
<input type="checkbox"/> Knowledge of Motor Vehicle Code of Virginia												
<input type="checkbox"/> Money Handling/ Reconciliation Skills												
<input type="checkbox"/> Office Operations and Procedures												
<input type="checkbox"/> Other												
C	Education											
A. Check the highest high school grade level completed.												
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
B. Do you have a high school diploma or GED?												
	<input type="checkbox"/> Yes		<input type="checkbox"/> No									
C. Check number of years of post high school education.												
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8				
Name and location of college/university		Hours	Degree Received	Major or Specialty		Minor		Dates Attended				
1.												
2.												
3.												

D	References List names, addresses and relationships of three persons not related to you who can verify your qualifications.																
	<table border="1"> <thead> <tr> <th>Name</th><th>Address</th><th>Telephone Number</th><th>Relationship</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Address	Telephone Number	Relationship												
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E	Additional Information List any certificates or other authorization to practice a trade or profession.																
F	Proposed Location Information																
	Location (street address)																
	<table border="1"> <tr> <td>Type of business currently conducted at this location</td><td>Length of time this business has been established</td></tr> <tr> <td>How much space is available at this location to conduct DMV transactions? Square Feet</td><td>Number of service windows available to conduct DMV transactions</td></tr> <tr> <td>Number of parking spaces available for DMV customers</td><td>Proposed DMV Select office hours (time and days of the week)</td></tr> <tr> <td>Is this location equipped for customers with disabilities?</td><td>Proposed date to begin DMV operations</td></tr> <tr> <td>Number of proposed employees to conduct DMV transactions</td><td>Name and address of nearest banking facility</td></tr> </table>	Type of business currently conducted at this location	Length of time this business has been established	How much space is available at this location to conduct DMV transactions? Square Feet	Number of service windows available to conduct DMV transactions	Number of parking spaces available for DMV customers	Proposed DMV Select office hours (time and days of the week)	Is this location equipped for customers with disabilities?	Proposed date to begin DMV operations	Number of proposed employees to conduct DMV transactions	Name and address of nearest banking facility						
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G	Purpose Please use the space below to explain why you wish to become a DMV Select location.																
H	Convictions Have you ever been convicted* of any violations(s) of law, including moving traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following: <ul style="list-style-type: none"> Description of offense _____ Statute or ordinance (if known) _____ Date of conviction _____ *Convictions include Virginia juvenile adjudication for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding if you were age fourteen (14) to eighteen (18) when charged.																
I	Criminal History Background Check DMV requires a criminal history background check on all DMV Select candidates and employees who will conduct DMV transactions. Fill out the attached criminal history background check and submit it with your application.																
J	Information Request Form (Credit History Check) DMV requires a credit history report on all DMV Select applicants. Fill out the attached credit history report and submit it with your application.																
K	Driver History Check DMV requires a driver history transcript. Fill out the attached information request form and submit it with your application.																
L	Certification I hereby certify that all entries on this application are true and complete, and I agree and understand that any falsification of information herein, regardless of the time of discovery, may cause forfeiture on my part of any contractual agreement. I understand that all information on this application is subject to verification and that DMV may contact references, former employers and educational institutions listed regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee. Signature _____ Date _____																
M	Attachments: Criminal Background, Credit History and Driver History Submit the completed application with the criminal history release form, the credit report history release form, and the Driver History Request form to the Department of Motor Vehicles, Post Office Box 27412, Richmond, VA 23269, Attn: Customer Service Management Administration, Assisted Service Department, Room 505.																